

HAWA NA Application for Employment



Contact Information Please complete the following information completely and thoroughly.												
Last Name:			First Name:			Middle Name:						
Social Security # (Last 4 Digits)				Email Address:								
Address:						Suite/Apt:						
City:				State:		Zip Code:						
Telephone:				Mobile:								
Position(s) applied for						Date of Application:						
Referral Source (Choose only one)			Walk-in		Employee		Staffing Agency		Company's Website		Other Internet	
			School		Job Fair		Government Employment Agency		Other			
Best time to contact you:			Preferred contact method (Check all that apply)									
			Telephone			Mobile		Email		Other		
If you are under 18 and it is required, can you furnish a work permit or age certification?				Yes		Have you submitted an application here before?				Yes		
				No						No		
Have you ever been employed here before?				Yes		Are you legally eligible for employment in this country?				Yes		
				No						No		
Date available for work?				What is your desired salary range or hourly rate of pay? (Annual or Hourly)								
Will you work overtime if required?				Yes		Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?				Yes		
				No						No		
Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our company?										Yes		
										No		
Employment History Please complete employment history for the last 10 years of employment												
Employer:												
Address:						Suite/Floor:						
City:				State:		Zip Code:						
Telephone:				State Date:		End Date:						
Job Title:			Currently Employed			Yes						
Salary:						No						
Summarize the type of work performed and job responsibilities:												
What did you like most about your position?												
What were the things you liked least about the position?												
Reason for leaving (Choose only one)						Immediate Supervisor						
Resigned		Terminated		Laid Off		Other		Supervisor Title				
May we contact your former employer for reference check?										Yes		
										No		
										Later		

Employment History 2 Please complete employment history for the last 10 years of employment

Employer:												
Address:							Suite/Floor:					
City:					State:				Zip Code:			
Telephone:					State Date:				End Date:			
Currently Employed	Yes	<input type="checkbox"/>	Job Title:									
	No	<input type="checkbox"/>	Salary:									
Summarize the type of work performed and job responsibilities:												
What did you like most about your position?												
What were the things you liked least about the position?												
Reason for leaving (Choose only one)										Immediate Supervisor		
Resigned	<input type="checkbox"/>	Terminated	<input type="checkbox"/>	Laid Off	<input type="checkbox"/>	Other	<input type="checkbox"/>	Supervisor Title				
May we contact your former supervisor for reference?											Yes	<input type="checkbox"/>
											No	<input type="checkbox"/>
											Later	<input type="checkbox"/>

Employment History 3 Please complete employment history for the last 10 years of employment

Employer:												
Address:							Suite/Floor:					
City:					State:				Zip Code:			
Telephone:					State Date:				End Date:			
Currently Employed	Yes	<input type="checkbox"/>	Job Title:									
	No	<input type="checkbox"/>	Salary:									
Summarize the type of work performed and job responsibilities:												
What did you like most about your position?												
What were the things you liked least about the position?												
Reason for leaving (Choose only one)										Immediate Supervisor		
Resigned	<input type="checkbox"/>	Terminated	<input type="checkbox"/>	Laid Off	<input type="checkbox"/>	Other	<input type="checkbox"/>	Supervisor Title				
May we contact your former supervisor for reference?											Yes	<input type="checkbox"/>
											No	<input type="checkbox"/>
											Later	<input type="checkbox"/>

Employment History 4 Please complete employment history for the last 10 years of employment

Employer:												
Address:							Suite/Floor:					
City:					State:				Zip Code:			
Telephone:					State Date:				End Date:			
Currently Employed	Yes	<input type="checkbox"/>	Job Title:									
	No	<input type="checkbox"/>	Salary:									
Summarize the type of work performed and job responsibilities:												
What did you like most about your position?												
What were the things you liked least about the position?												
Reason for leaving (Choose only one)								Immediate Supervisor				
Resigned	<input type="checkbox"/>	Terminated	<input type="checkbox"/>	Laid Off	<input type="checkbox"/>	Other	<input type="checkbox"/>	Supervisor Title				
May we contact your former supervisor for reference?											Yes	<input type="checkbox"/>
											No	<input type="checkbox"/>
											Later	<input type="checkbox"/>

Employment History 5 Please complete employment history for the last 10 years of employment

Employer:												
Address:							Suite/Floor:					
City:					State:				Zip Code:			
Telephone:					State Date:				End Date:			
Currently Employed	Yes	<input type="checkbox"/>	Job Title:									
	No	<input type="checkbox"/>	Salary:									
Summarize the type of work performed and job responsibilities:												
What did you like most about your position?												
What were the things you liked least about the position?												
Reason for leaving (Choose only one)								Immediate Supervisor				
Resigned	<input type="checkbox"/>	Terminated	<input type="checkbox"/>	Laid Off	<input type="checkbox"/>	Other	<input type="checkbox"/>	Supervisor Title				
May we contact your former supervisor for reference?											Yes	<input type="checkbox"/>
											No	<input type="checkbox"/>
											Later	<input type="checkbox"/>

Employment History Continued

Explain any gaps in your employment, other than those due to personal illness, injury or disability.											
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Skill and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:											
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Educational Background

Select the highest level of education completed (Check all that apply)										Degree Received
Diploma		GED		Certificate		Degree		Other		

School Name:										
City:		State:		Zip Code:						
Years Completed:		GPA - Class Rank		Major:		Minor:				
Year of Completion		Full Name used while in attendance								

List special accomplishments, publications, awards, etc.

Please list any incomplete or in progress educational pursuits:

Related Information To what job-related organization (professional, trade, etc.) do you belong? Please list any positions held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Is there any other job-related information you want us to know about?

Applicant Statement Initial next to all that apply

<input type="checkbox"/>	I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.
<input type="checkbox"/>	I expressly authorize without reservation, the employer, its representatives, employees or agents to contact and obtain information for all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agent, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.
<input type="checkbox"/>	I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.
<input type="checkbox"/>	If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.
<input type="checkbox"/>	I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.
<input type="checkbox"/>	This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status.
<input type="checkbox"/>	I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

Signature of Applicant	Date